

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155356		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/29/2012	
NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL CARE UNIT OF ST JOSEPH				STREET ADDRESS, CITY, STATE, ZIP CODE 700 BROADWAY TRANSITIONAL CARE UNIT FORT WAYNE, IN 46802			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for Recertification and State Licensure Survey.</p> <p>Survey dates: March 28, 29, 2012</p> <p>Facility number: 000247 Provider number: 155356 AIM number: N/A</p> <p>Survey tem: Tim Long, RN-TC Julie Wagoner, RN Carol Miller, RN</p> <p>Census bed type: SNF: 9 Total: 9</p> <p>Census Payor type: Medicare: 6 Other: 3 Total: 9</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4/3/12 Cathy Emswiller RN</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0226 SS=C	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review the facility failed to implement a policy ensuring all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property were to be reported immediately to the administrator. This potentially affects 9 of 9 residents in the facility.</p> <p>Findings include:</p> <p>On 3/28/12 at 11:00 A.M. the Administrator of the facility provided an "Abuse Prevention Policy" dated 3/2012 which indicated under section 4 under identification: b) "Any incidents of suspected and/or actual abuse will be reported to the Director of Nursing who will at that time, initiate and determine the direction of the investigation." The Abuse Prevention Policy did not indicate any incidents of suspected and/or actual abuse was to be reported immediately to the Administrator of the facility.</p> <p>An interview with the Administrator on</p>		F0226	<p>1. No residents were found to be negatively affected by the deficient practice identified. The "Abuse Prevention Policy" was immediately revised on 03/28/2012 to specifically state that "all alleged violations involving mistreatments, neglect or abuse including injuries of unknown source and misappropriation of resident property will be reported immediately to the administrator".</p> <p>2. No other residents were found to be negatively affected by the deficient practice identified. All Staff present on 03/28/2012 were educated on the revised Abuse Policy which specifically states that "all alleged violations involving mistreatments, neglect or abuse including injuries of unknown source and misappropriation of resident property will be reported immediately to the administrator".</p> <p>3. Corrective Action: All Staff will be educated on the revised Abuse Policy which states that "all alleged violations involving mistreatments, neglect or abuse including injuries of unknown source and misappropriation of resident</p>		04/20/2012	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>3/28/12 at 3:30 P.M. indicated the new abuse policy had just been put into place on 3/27/12. The Administrator indicated there had been no allegations of abuse, neglect or misappropriation of resident property in the past year.</p> <p>3.1-28(a)</p>			<p>property will be reported immediately to the administrator" by 04/20/2012. All residents will continue to receive a letter from the Administrator that specifically states that "all alleged violations involving mistreatments, neglect or abuse including injuries of unknown source and misappropriation of resident property will be reported immediately to the administrator". The Abuse Policy will be reviewed and revised as necessary on an annual basis. Any changes will be communicated with all Staff members and education will be provided promptly. 4. Monitoring of Corrective Action: The Administrator will quiz 2 staff members every week starting the week of April 23rd 2012 X 4 and monthly X 2 to ensure that there is a clear understanding that the Administrator will be immediately notified when there is any incidents of suspected and/or actual abuse. Request a paper compliance.</p>			